

***City of Danbury Assessor's Office***

**Restaurant**

**Income and Expense Survey for Calendar Year 2005**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name \_\_\_\_\_

Property Address \_\_\_\_\_

Owner \_\_\_\_\_

Form Preparer/Position \_\_\_\_\_

Telephone Number \_\_\_\_\_

**General Data:**

Property Classifications (check all that apply):

<u>Ownership</u>	<u>Affiliation</u>	<u>Menu-type</u>	<u>Liquor Service</u>	<u>Location</u>
<input type="checkbox"/> Owner-Occupied	<input type="checkbox"/> Independent	<input type="checkbox"/> Full Menu	<input type="checkbox"/> Full Bar	<input type="checkbox"/> Free Standing
<input type="checkbox"/> Leased	<input type="checkbox"/> Franchise	<input type="checkbox"/> Limited Menu	<input type="checkbox"/> Beer & Wine	<input type="checkbox"/> Shopping Ctr.
		<input type="checkbox"/> Fast Food	<input type="checkbox"/> Food Only	<input type="checkbox"/> Mixed-Use

Seating: Dining Room: \_\_\_\_\_ Bar: \_\_\_\_\_ Outdoor/Patio: \_\_\_\_\_

Total Number of Seats: \_\_\_\_\_

Net Rentable Area: \_\_\_\_\_ Sq. Ft.

If Free Standing, Gross Building Area: \_\_\_\_\_ Sq. Ft.

**Lease Information:**

Property leased including land, building and equipment. Yes ☐ No ☐

Property leased including land and building but no equipment. Yes ☐ No ☐

Property leased as land only. Yes ☐ No ☐

Property leased as an empty shell. Yes ☐ No ☐

Date of lease signing: \_\_\_\_\_ Length of lease: \_\_\_\_\_

Payer of Build-Out: Landlord ☐ Tenant ☐

Cost of Build-Out (restaurant interior excluding equipment): \$ \_\_\_\_\_

**Current Base Annual Rent**

Percentage Rent Yes ☐ No ☐ Amount: \$ \_\_\_\_\_

CAM Yes ☐ No ☐ Amount: \$ \_\_\_\_\_

Annual Escalation Yes ☐ No ☐ Amount: \$ \_\_\_\_\_

(Restaurant Property Cont'd.)

**Annual Expenses:**

		Paid By Landlord	Paid By Tenant
Real Estate Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Non-Ad Valorem Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Building Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Gas (cooking)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Heat	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Trash/Recycling	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Repairs & Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Parking/Grounds	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrative, Legal & Accounting	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Comments and/or additional information (renewed options, purchase options, etc.) may be attached.

_____/_____ Signature/Position	_____ Date
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